| DATEAU ABBI (AATION FEE DETERMINATION DESA  |  |   |  |  |                              |                                     |    |                 | Application or Docket Number |                        |    |                                |                        |  |
|---|--|---|--|--|------------------------------|-------------------------------------|----|-----------------|------------------------------|------------------------|----|--------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOI<br>Effective October 1, 2000               |  |   |  |  |                              |                                     |    |                 | 01/010 9 7 5                 |                        |    |                                |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column   |  |   |  |  |                              |                                     |    | SMALL<br>TYPE   |                              | πηγ<br>                | OR | OTHER<br>SMALL                 |                        |  |
| ΤO  | TAL CLAIMS   | •                                       | 22                                     | 23                                     |                              |                                     |    | RATE            | η                            | FEE                    |    | RATE                           | FEE                    |  |
| FO  | R  |   |  | NUMBER FILED                           |                              | NUMBER EXTRA                        |    | BASIĆ I         | EE                           | 355.00                 | OR | BASIC FEE                      | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 5 22 mi                                | .22 minus 20=                          |                              | • 2                                 |    | XS 9            | _                            |                        | OR | X\$18=                         | 600                    |  |
| INDEPENDENT CLAIMS  |  |   | <del></del>                            | ⊰ minus 3 =                            |                              | ð                                   |    | X40-            | _                            |                        |    | X80=                           | 54                     |  |
| MU  | LTIPLE DEPEN   | DENT CLAIM                              | PRESENT                                | RESENT                                 |                              | , 0                                 |    | +135=           |                              |                        | OR | +270=                          |                        |  |
| • #   | the difference   | in column 1                             | is less than z                         | less than zero, enter "0" in           |                              |                                     | ,  | TOTA            | _                            |                        | OR | TOTAL                          | 464                    |  |
| •   | C  | LAIMS AS<br>(Column                     |  | MENDED - PART II (Column 2) (Column 3) |                              |                                     |    | SMAL            | L E                          | NTITY                  | OR | OTHER<br>SMALL                 |                        |  |
| AMENDMENT A   | 3/3/04   | CLAIMS<br>REMAININ<br>AFTER<br>AMENOME  | G                                      | Hig<br>NUM<br>PREVI                    | EST<br>IBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA                    |    | RĄTE            |                              | ADDI-<br>FEE           |    | RATE                           | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 19                                    | Minus                                  |  | 23                           | =                                   |    | X\$ 9           | -                            |                        | OR | X\$18=                         |                        |  |
|   | Independent  | . 2                                     | Minus                                  | •••                                    | 3                            |                                     |    | X40=            |                              |                        | OR | X80=                           |                        |  |
|   | FIRST PRESE  | NTATION OF                              | MULTIPLE DE                            | PENDEN                                 | T CLAIM                      |                                     |    | +135            | 1                            |                        | OR | +270=                          |                        |  |
|   |  |   |  |  |                              |                                     | 1  | TO              | AL                           |                        |    | TOTAL                          |                        |  |
|   | w  | · (Column                               | • •                                    | (Column 2) (Column 3)                  |                              |                                     |    | ADDIT. F        | EE L                         |                        |    | ADDIT. FEE                     |                        |  |
| AMENDMENT B   | Un105  | CLAIMS<br>REMAININ<br>AFTER<br>AMENDME  | G                                      | HIGH<br>NUM<br>PREVI                   | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                    |    | RATE            |                              | ADDI-<br>TIONAL<br>FEE |    | RATE                           | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 16                                    | Minus                                  | ••                                     |                              | =                                   |    | X\$ 9           | $\overline{}$                |                        | OR | X\$18=                         |                        |  |
|   | Independent  | . 2                                     | Minus                                  |  | P.O. 4144                    | -                                   |    | X40=            |                              |                        | OR | X80=                           |                        |  |
|   | FINOI PRESE  | NIAIRON OF                              | MULTIPLE DE                            | FENUEN                                 | CLAIM                        |                                     |    | +135            | -                            |                        | OR | +270=                          |                        |  |
|   |  |   |  |  |                              |                                     | ŧ  | TOT<br>ADDIT. F | _=                           |                        | OR | TOTAL<br>ADDIT, FEE            |                        |  |
|   |  | (Column                                 | 1)                                     | _                                      | mn 2)                        | (Column 3)                          |    |                 |                              |                        |    | · .                            |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAININ<br>AFTER<br>AMENDMEI | İ                                      | PREVI                                  | KEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                    |    | RATE            |                              | ADDI:<br>IONAL<br>FEE  |    | RATE                           | ADDI-<br>TIONAL<br>FEE |  |
| <b>₹</b> 0  | Total  |   | Minus                                  | ••                                     |                              | =                                   |    | X\$ 9=          | . ]                          | •                      | OR | X\$18=                         |                        |  |
| ME  | Independent  | •                                       | Minus                                  | ***                                    |                              | =                                   | ]  | X40=            | ┪                            |                        | OR | X80=                           |                        |  |
|   | FIRST PRESE  | NTATION OF                              | MULTIPLE DE                            | PENDEN                                 | T CLAIM                      |                                     | ┛╏ |                 | ╅                            |                        |    |                                |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |  |  |                              |                                     |    |                 |                              |                        | OR | +270=                          |                        |  |
| ***   | If the "Highest Nu<br>If the "Highest Nu<br>The "Highest Nur | mber Previous<br>mber Previous          | ly Paid For IN TH<br>ly Paid For IN Th | IIS SPACE                              | is less tha<br>is less tha   | n 20, enter "20<br>in 3, enter "3." | ,  | ADDIT, FI       | E L_                         | opriate box            |    | TOTAL<br>ADDIT, FEE<br>Jumn 1, |                        |  |